

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91005 038 ***150.00

DOCUMENT # P94000055761

1. Entity Name
 JOIE'S WORLD, INC

Principal Place of Business **Mailing Address**
 10970 SW 177TH TERR
 MIAMI, FL 33157

553563

2. Principal Place of Business
 232 JAMES AVE

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Key Largo FL

City & State

4. FEI Number
 65-0507755

Applied For
 Not Applicable

Zip 33037 **Country** MONROE

Zip **Country**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARVIS, JOSEPHINE A
 10970 SW 177TH TERR
 MIAMI, FL 33157

Name JARVIS, JOSEPHINE A
Street Address (P.O. Box Number is Not Acceptable)
 232 JAMES AVE
City Key Largo **FL** **Zip Code** 33037

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!
 MAY 1, 2001
 Fee will be \$550.00
 Check Payment to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP NAME JARVIS, JOSEPHINE A <input type="checkbox"/> Delete STREET ADDRESS 10970 SW 177TH TERR CITY-ST-ZIP MIAMI, FL 33157
TITLE PST NAME JARVIS, RICHARD W. <input type="checkbox"/> Delete STREET ADDRESS 10970 SW 177TH TERR CITY-ST-ZIP MIAMI, FL 33157
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____

TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME JARVIS, JOSEPHINE A STREET ADDRESS 232 JAMES AVE CITY-ST-ZIP Key Largo FL 33037
TITLE DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME JARVIS, RICHARD W. STREET ADDRESS 232 JAMES AVE CITY-ST-ZIP Key Largo, FL 33037
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard W. Jarvis* **4/30/01** **305-451-3690**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/00)